

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39562

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		d. STREET ADDRESS (If rural, give location) 24 E. McCollum	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----							
3. NAME OF DECEASED (Type or Print) Gaston		a. (First) b. (Middle) c. (Last) Deberry Hearn		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1950			
5. SEX Male O		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1872	
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months 11 Days 2		11. BIRTHPLACE (State or foreign country) Dunklin County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Levi W. Hearn		13b. MOTHER'S MAIDEN NAME Martha J. Webb		14. NAME OF HUSBAND OR WIFE Emma Hearn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Hearn, Dexter, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senile Changes - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 18 month 4500				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-20-1950, to 11-25-1950, that I last saw the deceased alive on 11-25-1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.							
23a. SIGNATURE James O. Cameron		(Degree or title) W.D.		23b. ADDRESS 14 N. Walnut Dexter Mo.		23c. DATE SIGNED 11-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-29-50		24c. NAME OF CEMETERY OR CREMATORY Hagy		24d. LOCATION (City, town, or county) (State) R.F.D. #1, Dexter, Mo.	
DATE REC'D BY LOCAL REG. 11-29-50		REGISTRAR'S SIGNATURE Velma V. Jenkins		409		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. 6

The Licensee.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student-embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Reister, VM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.